

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>A. Boone</i>	<i>32</i>	<i>08-09-01</i>
O.I.P.E. CLASSIFIER	<i>CH</i>	<i>1119</i>	<i>09-13-01</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	12/29/03
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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11	✓
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38	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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